Gaithersburg Youth Center Trip

HERSHEY PARK

Saturday, June 18
8am-8pm

$45
Members Only

BOHRER PARK ACTIVITY CENTER
506 S. FREDERICK AVE.
GAITHERSBURG, MD 20877

HERSHEY PARK
100 HERSHEYPARK DR,
HERSHEY, PA 17033

Registration Information:

Return Permission Slip & Payment to **City of Gaithersburg**:

Activity Center/GYC Trip
506 S. Frederick Ave.
Gaithersburg, MD 20877

Or fax form to 301-948-8364

Checks made payable to the **City of Gaithersburg**. Visa, Discover, MasterCard, & AMEX accepted.

JOIN US FOR A SWEET TRIP TO HERSHEY PARK

THE TRIP WILL DEPART FROM THE ACTIVITY CENTER AT 8:00AM AND RETURN TO THE ACTIVITY CENTER AT 8:00PM

PARENTS MUST PICK UP THEIR MEMBER FROM THE ACTIVITY CENTER AT THE CONCLUSION OF THE TRIP.

Program participants may be in groups which may or may not include a staff member

Questions? Call Maura Dinwiddie or Jake Hersom at 301-258-6350

Hershey Park 6/18/16 #44982

□ Check here if new address/phone since last time registered.

Parent's Last Name_____ Parent's First Name_____

Address _____City/State/Zip_____

Home Phone_____ Work Phone _____ City Resident □ Nonresident □

Email _____

Participant's Name	Sex M/F	Birthdate M/D/Y	Activity Name	Activity #	Date	Grade	School	Fee
			Hershey Park	44982	6/18/16			$45

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs an/or video tapes made of the program.

_____   _____
Print Parent/Guardian Name   **Signature of Parent/Guardian**

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y**□ **N** □
Please specify: _____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made prior to the start of the program. Please call 301-258-6350 to indicate what accommodations are needed.

Amount Paid $ _____ Cash □   Check # _____
Visa/MC/DISC/AMEX# _____ Exp. Date ___/___
Signature (name on card) _____
Print Name_____

Office Use Only: 44982
Rec'd:_____ Initials _____
W P M F   Resident: Y N
Pr: _____ Date:_____